

# Provide Answers About GLP-1 Agonists for Weight Loss

**High demand and persistent shortages are leading to questions about the weight loss meds semaglutide (*Wegovy*) and tirzepatide (*Zepbound*).**

**Is it okay to switch to a different GLP-1 agonist?** In some cases.

Keep in mind, semaglutide or tirzepatide seem to be the most effective meds for managing overweight or obesity.

Most other GLP-1 agonists aren't approved for obesity...and won't be covered by payers unless there's another indication, such as diabetes.

If necessary, think about switching to a comparable dose of a GLP-1 agonist given at the same interval...if the first med was well tolerated.

For example, if a patient using semaglutide 0.5 mg weekly for type 2 diabetes can't get it due to shortages...consider switching to dulaglutide 1.5 mg weekly, beginning on the date the next dose is due.

But consider titrating the new GLP-1 agonist from a lower dose if there are tolerability concerns...or patients have missed several doses.

**Are compounded GLP-1 agonists okay to use?** It depends.

Steer patients away from questionable sources...online sellers that don't require an Rx, spas that tout "generic" GLP-1s, etc.

Advise to only buy compounded meds from a licensed US pharmacy, ideally accredited in compounding...to help ensure safety and quality.

Recommend checking details at websites for the board of pharmacy and the accrediting body...such as the Pharm Compounding Accreditation Board.

Tell patients that they can ask to see a certificate of analysis...to confirm the active ingredient. For example, patients should confirm they are getting semaglutide, NOT semaglutide sodium or other salts...these are "research grade" chemicals that aren't for drug use.

**Will GLP-1 agonists be needed long-term?** Probably.

Data so far suggest that patients often regain about half of the weight lost within a year of stopping a GLP-1 agonist. But expect some specialists to try different approaches...while we wait for more evidence.

For example, once patients get to goal weight, prescribers may taper semaglutide or tirzepatide slowly. Or they might stop the med...then add it back for a few months if patients start to regain weight.

**What's the role of lifestyle changes?** Emphasize a balanced diet and exercise as a foundation for weight loss...with or without meds.

For instance, recommend at least 150 min/week of moderate activity, such as brisk walking. And encourage strength training at least twice weekly...as one way to help preserve muscle mass and maintain weight loss.

See our resource, Weight Loss Products, to compare other meds.

## Key References:

Cite this document as follows: Article, Provide Answers About GLP-1 Agonists for Weight Loss, Pharmacist's Letter, July 2024

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email [sales@trchealthcare.com](mailto:sales@trchealthcare.com).

© 2024 Therapeutic Research Center (TRC). TRC and Pharmacist's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.

- Grunvald E, Shah R, Hernaez R, et al; AGA Clinical Guidelines Committee. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity. *Gastroenterology*. 2022 Nov;163(5):1198-1225.
- American Diabetes Association Professional Practice Committee. 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024 Jan 1;47(Suppl 1):S145-S157.
- Whitley HP, Trujillo JM, Neumiller JJ. Special Report: Potential Strategies for Addressing GLP-1 and Dual GLP-1/GIP Receptor Agonist Shortages. *Clin Diabetes*. 2023 Summer;41(3):467-473.
- Alliance for Pharmacy Compounding. Statement on Rules Governing Compounding, What FDA Guidance Says About Permissibility of Compounding “Essentially a Copy” of an FDA-approved Drug – and What Those Have to do With Semaglutide. October 11, 2023. <https://a4pc.org/files/APC-Compounding-Semaglutide-Media-Brief-REVISED-October-10-2023.pdf> (Accessed June 17, 2024).
- FDA. Medications Containing Semaglutide for Type 2 Diabetes or Weight Loss. January 10, 2024. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss> (Accessed June 17, 2024).
- Obesity Action Coalition. Leading Obesity Expert Organizations Release Statement to Patients on Compounded GLP-1 Alternatives. [https://www.obesityaction.org/wp-content/uploads/GLP-1-Compounded-Alternative-Statement\\_Final\\_Logos-1.pdf](https://www.obesityaction.org/wp-content/uploads/GLP-1-Compounded-Alternative-Statement_Final_Logos-1.pdf) (Accessed June 17, 2024).
- Conte C, Hall KD, Klein S. Is Weight Loss-Induced Muscle Mass Loss Clinically Relevant? *JAMA*. 2024 Jun 3. doi: 10.1001/jama.2024.6586.

Pharmacist's Letter. July 2024, No. 400701

Cite this document as follows: Article, Provide Answers About GLP-1 Agonists for Weight Loss, Pharmacist's Letter, July 2024

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email [sales@trchealthcare.com](mailto:sales@trchealthcare.com).

© 2024 Therapeutic Research Center (TRC). TRC and Pharmacist's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.